



CITY OF TUCSON
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING ASSISTANCE DIVISION

Self Declaration of Support Income

Name: _____ Account #: _____

Warning: Section 1001 of Title 18 U.S Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. Government as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility of housing assistance.

Directions: Please fill in the blanks to verify the support you receive, whether by cash, products, or services on a monthly basis. If you are receiving products or services please assign a dollar value in order to accurately represent the support you receive.

Support Payment: Type of Payment: _____

Start Date: _____ Amount: _____ Frequency: _____

Stopped Date: _____

Please provide the information of the person providing the support. Name: _____

Address: _____
 Street City/ State Zip

Phone #: _____

I understand the individual listed will be called to verbally confirm the information contained in this declaration of support. I certify that the information I have provided is true and complete to the best of my knowledge.

 Tenant/Applicant Date Housing Assistance Representative Date

For Office Use Only:	Attempt 1	Attempt 2
Level-2 Third Party Oral Verification		
Date/Time		
Name of person spoke to		
Verified Support	Yes/ No	Yes/ No
Call Length (in Min.)		

Notes: _____



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If you should require an accommodation or alternative arrangements due to a disability, please call (520) 791-4739.
 If you require an oral interpretation in a language other than English, please call (520) 791-4739.
 Si requiere una interpretación oral en un idioma que no sea inglés, por favor llame al (520) 791-4739.